

were systematically searched for comparative observational studies, randomised clinical trials and economic evaluations for periods up to October 2014. Studies comparing case management nurse intervention versus traditional care for cancer patients reporting outcomes of interest such as survival and quality of life, care management quality, hospital management were selected for further analysis. **RESULTS:** The search identified 1,899 publications for screening and 43 were selected for full text review, of which 20 publications were included and extracted. Majority of the studies were conducted in North America (N=11). Sample size ranged between 100 and 1,200 patients. Only three studies reported survival data, among which only one study reported a significant higher survival for the intervention group. Eight studies reported outcomes related to quality of life and results were different depending on the population studied and scale used (i.e. EQ-5D, HUI3, EORTC-QLQ-C30, FACT-G, FACT-C). Care management quality was assessed in five studies, reporting an overall better treatment management in the intervention group. Data relating hospital management was reported in 12 studies with various different results and four studies reported data related to costs, in which the type of costs, methodological aspects and results were very diverse. **CONCLUSIONS:** Out of all the publications included, the overall conclusions of the authors show very diverse results regarding the impact of case management nurses on cancer patients. The heterogeneity of the results and the lack of outcomes on costs, especially in Europe compared to North America, demonstrate the need to conduct robust prospective studies and cost-analyses on case management nurses.

PHS152**AN INNOVATIVE CLOUD-BASED PLATFORM FOR IMPLEMENTING PERFORMANCE-BASED RISK-SHARING ARRANGEMENTS (PBRAS) IN ONCOLOGY SETTINGS**De Rosa M¹, Martini N², Ortali M¹, Esposito I², Roncadori A¹¹CINECA Interuniversity Consortium, Casalecchio di Reno, Italy, ²Accademia Nazionale di Medicina, Roma, Italy

OBJECTIVES: Based on an 13-years experience (1999-2012) in collecting and analyzing real-world data for the Italian Regulatory Agency, CINECA Interuniversity Consortium has developed an innovative Cloud-based IT platform for the entire management of Performance-based Risk Sharing arrangements among Pharmaceutical Companies and Payers/Regulatory Authorities. The system has been used for more than 70 innovative drugs from eleven registries: oncology, diabetes, neurology, orphan drugs, rheumatology and others. More than 500.000 patients were registered by over 900 health structures (40.000 end-users) in a time-frame of seven years. **METHODS:** Establish a unique and complete post-marketing safety surveillance and analysis system, used by Health Authorities (regional and national), Clinicians/Researchers and Payers which allows the management of performance-based risk-sharing arrangements (PBRAs). The solution is designed to ensure proper data collection aimed to evaluate appropriateness, assess drug safety and estimate efficacy (automated procedures and calculations) in a real-world context. Independently from the already existing solutions and organizational settings, the model allows to easily set-up ad-hoc procedures for data collections in any international context (multi-country and multi-language) supporting the implementation of PBRAs for oncology (Payment by Results, Cost-Sharing and Risk-Sharing). **RESULTS:** The platform is able to manage any value-based scheme agreed between manufacturers and payers and it also may support drug combinations. By defining appropriate minimum datasets, with a limited effort, it is possible to involve all stakeholders obtaining systematic, homogeneous and high-quality data. Example of trastuzumab and trastuzumab-pertuzumab combination will be reported. **CONCLUSIONS:** The introduction of an online integrated registry ensures the economic sustainability of innovative therapies and simplify their market access, while guaranteeing transparency of the whole process. It also ensures treatment appropriateness, helps in monitoring drug consumption and related costs (better resources allocation), improves the real-time reporting of adverse events and allows the development of real-world datasets for scientific purposes.

PHS153**SOCIOECONOMIC INEQUALITIES IN PRENATAL CARE UTILIZATION IN PAKISTAN**

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OBJECTIVES: Pakistan has very high maternal mortality ratio in South Asia. The high maternal mortality could be due to low prenatal care utilization and unsafe births. This analysis examines socioeconomic inequalities in prenatal care utilization and investigates the association between the household economic status, other socio-demographic variables and prenatal care in Pakistan. **METHODS:** The study draws data from Pakistan Living Standards Measurement Survey (PLSM) conducted in both rural and urban areas of Pakistan in 2010-11. This analysis is based on 4,177 married women of reproductive age i.e. 15-49 who gave birth during the past three years in Punjab and Sindh. Household economic status is measured using household annual consumption expenditures and households are categorized into quintiles. **RESULTS:** There are regional disparities in prenatal care utilization in Pakistan. The proportion of women receiving prenatal care in rural areas is much lower than their urban fellows (65.3% vs. 83.6%). There is regional variation in seeking prenatal care as well, as 83.1% in north Punjab, 77.9% in central Punjab and 67.3% in south Punjab received prenatal care, whereas the proportion is 70.7% in southern Sindh and only 51.5% in north Sindh. The multivariate logistic regression results reveal that women of bottom three quintiles are significantly less likely to receive prenatal care compared to members of the highest quintile. Those residing in rural areas and in the north and south Sindh have a significant and negative association with receiving prenatal care compared to women residing in urban and central Punjab. **CONCLUSIONS:** Public health programs focussing on improving the prenatal care utilization, particularly of poor women and those residing in rural areas need to be initiated. Low prenatal utilization could be associated with high health care cost. Interventions aiming at reduced health care cost for poor and rural women need to be initiated.

PHS154**ESTIMATING THE HEALTH BENEFITS OF MEETING THE HEALTHY PEOPLE 2020 OBJECTIVES FOR REDUCING INVASIVE COLORECTAL CANCER INCIDENCE IN THE UNITED STATES**Hung M¹, Ekwueme D², Wang J³¹Division of Cancer Prevention and Control, US Centers for Disease Control and Prevention, Chamblee, GA, USA, ²Centers for Disease Control and Prevention, Chamblee, GA, USA,³Department of Public Health, National Cheng Kung University College of Medicine, Tainan, Taiwan

OBJECTIVES: This study aims to quantify the expected years of life lost (EYLL) that could be saved if the original Healthy People (HP) 2020 target goal for reducing invasive colorectal cancer (CRC) was met. **METHODS:** A total of 232,208 patients diagnosed with invasive CRC in 2000–2011 were identified from the Surveillance, Epidemiology, and End Results (SEER) registries. The lifetime survival functions for the cancer cohort and age-/sex-matched reference population were generated using a semiparametric extrapolation method with annual US life tables from 2000–2011. The EYLL for CRC was calculated by subtracting the estimated life expectancy of CRC patients from that of the reference population. The total EYLL that could be prevented was calculated by subtracting the age-adjusted incidence of invasive CRC rate of the base year from that of the target year multiplied by the average EYLL per person and the 2020 population projections. **RESULTS:** An individual diagnosed with invasive CRC was estimated to have an average life-expectancy of 10.1 years and 6.8 EYLL. If the HP 2020 target goal for invasive CRC was met, the nation could potentially save an estimated 154,848 EYLL. For men and women with an invasive CRC, estimated EYLL were 74,528 and 79,334, respectively. By race, reducing invasive CRC would result in a significantly greater benefit for both black men and women compared to white men and women with $p < 0.05$. The estimated EYLL was 7.4 and 8.0 years for black men and women and 6.4 and 6.1 years for white men and women per person, respectively. **CONCLUSIONS:** The potential life years saved by successfully meeting the HP 2020 target for invasive CRC rate would be substantial for the nation. The benefit in terms of life years saved per person would be greater among blacks relative to whites.

PHS155**MORAL HAZARD AND HEALTH INSURANCE: EXAMINING THE ROLE OF PRIVATE VS. PUBLIC INSURANCE IN PROSTATE CANCER SCREENING, PROSTATE CANCER DIAGNOSIS AND PATIENT SATISFACTION WITH PROSTATE CANCER CARE**

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OBJECTIVES: The objectives of the study were to compare the likelihood of prostate-specific antigen (PSA) screening, the likelihood of prostate cancer diagnosis (in those who were PSA screened), and patient satisfaction (in those who received a prostate cancer diagnosis) in men covered by private vs. public insurance. **METHODS:** This was a retrospective cross-sectional study of U.S. men 40 to 85 years of age. A nationally representative Medical Expenditure Panel Survey (MEPS) data on American households was utilized to identify all men by age and by insurance status for years 2002 to 2011. **RESULTS:** Overall, 15,202 men covered by any private insurance and 7409 men covered by any public insurance reported PSA screening within the last two years. Of these men, 751 covered by private insurance vs. 402 covered by public insurance received a diagnosis of prostate cancer within the last two years. In 2011, 102 men covered by private insurance vs. 59 men covered by public insurance reported a diagnosis of prostate cancer. In 2011, 77 men (or 75%) covered by private insurance vs. 28 men (or 47%) covered by public insurance reported they were covered by health insurance that paid for all part of the medical care, tests or cancer treatment, $p = 0.058$. Forty-seven men or (46%) covered by private insurance vs. 15 men (or 25%) covered by public insurance reported cancer will come back to them or get worse within the next ten years. **CONCLUSIONS:** More men were likely to get PSA screened and diagnosed with prostate cancer if covered by private insurance. More men covered by private insurance believed their insurance covered all the necessary prostate cancer care. However, more men covered by private insurance feared a relapse. The role of health insurance in cancer care trajectory and patient satisfaction with care needs further exploration.

PHS156**HEALTHCARE BURDEN OF CERVICAL CANCER IN A NATIONAL MEDICAID MANAGED CARE POPULATION**

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OBJECTIVES: Inadequate information is currently available about incidence and healthcare burden of cervical cancer among women enrolled in Medicaid. This study aimed to determine incidence of cervical cancer and associated healthcare resource utilization in a national managed care Medicaid population. **METHODS:** A case-control study design using the 2006–2008 Medicaid data from 38 states in the United States (US) was utilized. The study sample included women (≥ 18 years) with cervical cancer. A corresponding group of non-cancer controls was selected to determine the incremental healthcare burden of cervical cancer. Propensity scoring technique was used to match cases and controls on a 1:2 ratio based on age, race, and geographic region. Inpatient (IP), outpatient (OT), and emergency room (ER) visits were calculated for cases and controls. Receipt of cervical cancer treatment including radiation therapy, chemotherapy, and surgical procedures was also assessed. Descriptive analyses were conducted using SASv9.3. **RESULTS:** The study sample comprised of 5,183 incident cases of cervical cancer and 10,366 non-cancer controls. Cases had significantly higher IP (0.42 vs. 0.21), OT (79.92 vs. 59.77), and ER (4.79 vs. 3.38) visits as compared to controls. Among cases, significantly higher IP visits were observed among women between 30 and 49 years of age. Black women had significantly greater IP visits (0.146) as compared to Whites (0.096) and other racial groups (0.143). Mean IP, OT and ER visits increased with stage of cervical cancer. Cervical colposcopy, conization, and radiation therapy were performed in 34.52%, 28.00%, and 19.97% of the cases, respectively. **CONCLUSIONS:** Despite being